

SMALL CLAIMS CERTIFICATE For use of this form, see AR 27-20; the proponent agency is the Office of the Judge Advocate General.				SUBMIT IN TRIPPLICATE	
ORGANIZATION OF INVESTIGATOR		FILE NUMBER		DATE	
NAME OF CLAIMANT		ADDRESS (Include ZIP Code)			
SECTION I - ACTION TAKEN BY INVESTIGATOR					
I have investigated the incident described in the claim as follows:					
ITEM		YES	NO	ITEM	
PROPERTY DAMAGE EXAMINED		<input type="checkbox"/>	<input type="checkbox"/>	DOCUMENTARY EVIDENCE EXAMINED	
SCENE OF INCIDENT VISITED		<input type="checkbox"/>	<input type="checkbox"/>	CLAIMANT INTERVIEWED	
WITNESSES INTERVIEWED					
NAME	METHOD OF INTERVIEW (Personal, telephone, or correspondence)		NAME	METHOD OF INTERVIEW (Personal, telephone, or correspondence)	
COMMENTS OF INVESTIGATOR:					
I find that the evidence substantiates the claim and that the amount claimed or agreed upon constitutes fair compensation for the damage incurred by claimant. I recommend payment of \$ _____ under Chapter 3 <input type="checkbox"/> , 4 <input type="checkbox"/> , 5 <input type="checkbox"/> , 6 <input type="checkbox"/> , 7 <input type="checkbox"/> , 10 <input type="checkbox"/> , 12 <input type="checkbox"/> , AR 27-20.					
TYPED NAME, GRADE AND CAPACITY OF INVESTIGATOR			SIGNATURE OF INVESTIGATOR		
SECTION II - ADJUDICATION OF CLAIM					
After due consideration, I have determined that this claim is meritorious and is cognizable under Chapter _____, AR 27-20; the claimant is a proper claimant; and an award of \$ _____ is reasonably substantiated.					
TYPED NAME, GRADE AND CAPACITY OF OFFICER			SIGNATURE OF APPROVING OR SETTLEMENT AUTHORITY		